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CONFIRMATION NO. 5234

Bib Data Sheet

SERIAL NUMBER 10/612,468	FILING OR 371(c) DATE 07/02/2003 RULE	CLASS 536	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 057186.000003
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/12/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 15
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

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TITLE

T cell receptor CDR3 sequence and methods for detecting and treating rheumatoid arthritis

FILING FEE RECEIVED 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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